

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| 0199999 TOTAL Individuals | 442,961 | 2,152 | 568 | 142 | 142 | 445,682 |
| 0299998 Premiums due and unpaid not individually listed | 26,982 | (437) | 5 | 650 | 650 | 26,550 |
| 0299999 TOTAL Group | 26,982 | (437) | 5 | 650 | 650 | 26,550 |
| 0399999 Premiums due and unpaid from Medicare entities | | | | | | |
| 0499999 Premiums due and unpaid from Medicaid entities | | | | | | |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .. | 469,943 | 1,715 | 573 | 792 | 792 | 472,232 |

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 Name of Debtor | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | 7 Admitted |
|--|------------------|-------------------|-------------------|-------------------|------------------|---------------|
| Pharmaceutical Rebate Receivables | | | | | | |
| Optum Rx | 273,786 | 281,642 | 281,427 | 864,316 | 864,316 | 836,854 |
| 0199998 Pharmaceutical Rebate Receivables - Not Individually Listed | | | | | | |
| 0199999 Subtotal - Pharmaceutical Rebate Receivables | 273,786 | 281,642 | 281,427 | 864,316 | 864,316 | 836,854 |
| 0299998 Claim Overpayment Receivables - Not Individually Listed | | | | | | |
| 0299999 Subtotal - Claim Overpayment Receivables | | | | | | |
| 0399998 Loans and Advances to Providers - Not Individually Listed | | | | | | |
| 0399999 Subtotal - Loans and Advances to Providers | | | | | | |
| 0499998 Capitation Arrangement Receivables - Not Individually Listed | | | | | | |
| 0499999 Subtotal - Capitation Arrangement Receivables | | | | | | |
| 0599998 Risk Sharing Receivables - Not Individually Listed | | | | | | |
| 0599999 Subtotal - Risk Sharing Receivables | | | | | | |
| 0699998 Other Receivables - Not Individually Listed | | | | | | |
| 0699999 Subtotal - Other Receivables | | | | | | |
| 0799999 Gross health care receivables | 273,786 | 281,642 | 281,427 | 864,316 | 864,316 | 836,854 |

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|--|---|---|---|--|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Amounts Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables in Prior Years (Columns 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 1,709,042 | 1,771,553 | | 1,701,169 | 1,709,042 | 1,073,647 |
| 2. Claim overpayment receivables | | | | | | |
| 3. Loans and advances to providers | | | | | | |
| 4. Capitation arrangement receivables | | | | | | |
| 5. Risk sharing receivables | | | | | | |
| 6. Other health care receivables | | | | | | |
| 7. TOTALS (Lines 1 through 6) | 1,709,042 | 1,771,553 | | 1,701,169 | 1,709,042 | 1,073,647 |

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|--|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| 0299999 Aggregate Accounts Not Individually Listed - Uncovered | 38,121 | 12,623 | 7,830 | 3,053 | 10,178 | 71,805 |
| 0399999 Aggregate Accounts Not Individually Listed - Covered | 358,562 | 118,727 | 73,646 | 28,720 | 95,732 | 675,387 |
| 0499999 Subtotals | 396,683 | 131,350 | 81,476 | 31,773 | 105,910 | 747,192 |
| 0599999 Unreported claims and other claim reserves | | | | | | 14,802,797 |
| 0699999 TOTAL Amounts Withheld | | | | | | |
| 0799999 TOTAL Claims Unpaid | | | | | | 15,549,989 |
| 0899999 Accrued Medical Incentive Pool and Bonus Amounts | | | | | | |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Name of Affiliate | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 Over 90 Days | 6 Nonadmitted | Admitted | |
|---|------------------|-------------------|-------------------|-------------------|------------------|--------------|------------------|
| | | | | | | 7 Current | 8 Non-Current |
| Individually listed receivables | | | | | | | |
| QualChoice Health Plan Services | 28,194 | | | | | 28,194 | |
| QCA Health Plan | 1,187,478 | | | | | 1,187,478 | |
| 0199999 Total - Individually listed receivables | 1,215,672 | | | | | 1,215,672 | |
| 0299999 Receivables not individually listed | | | | | | | |
| 0399999 TOTAL Gross Amounts Receivable | 1,215,672 | | | | | 1,215,672 | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current |
|--|------------------|-------------|--------------|------------------|
| 0299999 Payables not Individually Listed | X X X ..... | ..... | ..... | ..... |
| 0399999 TOTAL Gross Payables | X X X ..... | ..... | ..... | ..... |

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|-------------------------------------|--|----------------------------|---------------------------------------|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | | | | | | |
| 2. Intermediaries | | | | | | |
| 3. All other providers | | | | | | |
| 4. TOTAL Capitation Payments | | | | | | |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 5,913,431 | 7.448 | X X X | X X X | | 5,913,431 |
| 6. Contractual fee payments | 73,484,216 | 92.552 | X X X | X X X | 7,364,501 | 66,119,715 |
| 7. Bonus/withhold arrangements - fee-for-service | | | X X X | X X X | | |
| 8. Bonus/withhold arrangements - contractual fee payments | | | X X X | X X X | | |
| 9. Non-contingent salaries | | | X X X | X X X | | |
| 10. Aggregate cost arrangements | | | X X X | X X X | | |
| 11. All other payments | | | X X X | X X X | | |
| 12. TOTAL Other Payments | 79,397,647 | 100.000 | X X X | X X X | 7,364,501 | 72,033,146 |
| 13. TOTAL (Line 4 plus Line 12) | 79,397,647 | 100.000 | X X X | X X X | 7,364,501 | 72,033,146 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------|---------------------------|----------------------|---------------------------------|--|--|
| NONE | | | | | |
| 9999999 | TOTALS | | X X X | X X X | X X X |

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|----------------|--------------|-----------------------------|------------------------------------|---------------------------|---------------------------|
| Description | Cost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| 1. Administrative furniture and equipment | | | | | | |
| 2. Medical furniture, equipment and fixtures | N O N E | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. TOTAL | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4807

BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Company Code 70998

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | 28,976 | 20,329 | 5,268 | 2,538 | | | | | | 841 |
| 2. First Quarter | 29,439 | 19,327 | 6,525 | 2,557 | | | | | | 1,030 |
| 3. Second Quarter | 29,351 | 18,989 | 6,866 | 2,566 | | | | | | 930 |
| 4. Third Quarter | 28,452 | 17,773 | 7,155 | 2,597 | | | | | | 927 |
| 5. Current Year | 27,756 | 15,850 | 8,336 | 2,588 | | | | | | 982 |
| 6. Current Year Member Months | 346,338 | 219,427 | 84,251 | 30,920 | | | | | | 11,740 |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 228,887 | 146,201 | 47,597 | 35,089 | | | | | | |
| 8. Non-Physician | 218,903 | 100,787 | 100,216 | 17,900 | | | | | | |
| 9. TOTAL | 447,790 | 246,988 | 147,813 | 52,989 | | | | | | |
| 10. Hospital Patient Days Incurred | 17,449 | 11,193 | 1,726 | 4,530 | | | | | | |
| 11. Number of Inpatient Admissions | 3,454 | 2,499 | 409 | 546 | | | | | | |
| 12. Health Premiums Written (b) | 127,331,311 | 92,265,277 | 29,024,345 | 4,959,299 | | | | | | 1,082,390 |
| 13. Life Premiums Direct | 911,577 | | 911,577 | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 128,242,888 | 92,265,277 | 29,935,922 | 4,959,299 | | | | | | 1,082,390 |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 79,397,646 | 62,549,840 | 13,217,112 | 3,165,801 | | | | | | 464,893 |
| 18. Amount Incurred for Provision of Health Care Services | 83,093,782 | 50,321,667 | 27,440,642 | 4,473,891 | | | | | | 857,582 |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4807

BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR

NAIC Company Code 70998

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. TOTAL | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

NAIC Group Code 4807

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 70998

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefits Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|------------------------------------|------------|--------------------------|------------------|------------------|---|---------------------------|-------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| TOTAL Members at end of: | | | | | | | | | | |
| 1. Prior Year | 28,976 | 20,329 | 5,268 | 2,538 | | | | | | 841 |
| 2. First Quarter | 29,439 | 19,327 | 6,525 | 2,557 | | | | | | 1,030 |
| 3. Second Quarter | 29,351 | 18,989 | 6,866 | 2,566 | | | | | | 930 |
| 4. Third Quarter | 28,452 | 17,773 | 7,155 | 2,597 | | | | | | 927 |
| 5. Current Year | 27,756 | 15,850 | 8,336 | 2,588 | | | | | | 982 |
| 6. Current Year Member Months | 346,338 | 219,427 | 84,251 | 30,920 | | | | | | 11,740 |
| TOTAL Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 228,887 | 146,201 | 47,597 | 35,089 | | | | | | |
| 8. Non-Physician | 218,903 | 100,787 | 100,216 | 17,900 | | | | | | |
| 9. TOTAL | 447,790 | 246,988 | 147,813 | 52,989 | | | | | | |
| 10. Hospital Patient Days Incurred | 17,449 | 11,193 | 1,726 | 4,530 | | | | | | |
| 11. Number of Inpatient Admissions | 3,454 | 2,499 | 409 | 546 | | | | | | |
| 12. Health Premiums Written (b) | 127,331,311 | 92,265,277 | 29,024,345 | 4,959,299 | | | | | | 1,082,390 |
| 13. Life Premiums Direct | 911,577 | | 911,577 | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | 128,242,888 | 92,265,277 | 29,935,922 | 4,959,299 | | | | | | 1,082,390 |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 79,397,646 | 62,549,840 | 13,217,112 | 3,165,801 | | | | | | 464,893 |
| 18. Amount Incurred for Provision of Health Care Services | 83,093,782 | 50,321,667 | 27,440,642 | 4,473,891 | | | | | | 857,582 |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--|--------------|-------------------|-------------------|-----------------------------|-----------------------------------|--------------------------------|----------|----------------------|--|--|------------------------------------|---|
| NAIC Company Code | ID Number | Effective Date | Name of Reinsured | Domiciliary Jurisdiction | Type of Reinsurance Assumed | Type of Business Assumed | Premiums | Unearned Premiums | Reserve Liability Other Than for Unearned Premiums | Reinsurance Payable on Paid and Unpaid Losses | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| <div style="border: 1px solid black; padding: 10px; display: inline-block;"> N O N E </div> | | | | | | | | | | | | |
| 9999999 Total (Sum of 0799999 and 1099999) | | | | | | | | | | | | |

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Paid Losses | 7 Unpaid Losses |
|---|-------------------|------------------------|------------------------------|----------------------------------|------------------|--------------------|
| Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | | |
| 77828 | 57-0523959 | 12/01/2010 | COMPANION LIFE INS CO | SC | 30,000 | |
| 0999999 Subtotal - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | 30,000 | |
| 1099999 Total - Life and Annuity - Non-Affiliates | | | | | 30,000 | |
| 1199999 Total - Life and Annuity | | | | | 30,000 | |
| 1799999 Subtotal - Accident and Health - Affiliates - Non-U.S. - Total | | | | | | |
| 1899999 Total - Accident and Health - Affiliates | | | | | | |
| Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | | |
| 00000 | AA-9990032 | 01/01/2014 | US Dept of Hlth & Human Serv | DC | 33,542 | |
| 2099999 Subtotal - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | 33,542 | |
| 2199999 Total - Accident and Health - Non-Affiliates | | | | | 33,542 | |
| 2299999 Total - Accident and Health | | | | | 33,542 | |
| 2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) | | | | | | |
| 2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) | | | | | 63,542 | |
| 9999999 Total (Sum of 1199999 and 2299999) | | | | | 63,542 | |

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Premiums | 9 Unearned Premiums (Estimated) | 10 Reserve Credit Taken Other than for Unearned Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|---|-------------------|------------------------|-----------------------|----------------------------------|--------------------------------------|-----------------------------------|---------------|--|---|----------------------------|---------------------|--|---|
| | | | | | | | | | | 11 Current Year | 12 Prior Year | | |
| General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | | | | | | | |
| 11835 | 04-1590940 | 01/01/2017 | PARTNERRE AMER INS CO | DE | SSL/G | CMM | 229,277 | | | | | | |
| 11835 | 04-1590940 | 01/01/2017 | PARTNERRE AMER INS CO | DE | OTH/I | CMM | 444,710 | | | | | | |
| 77828 | 57-0523959 | 09/01/2013 | COMPANION LIFE INS CO | SC | OTH/G | CMM | 148,937 | | | | | | |
| 0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | | 822,924 | | | | | | |
| 1099999 Total - General Account - Authorized - Non-Affiliates | | | | | | | 822,924 | | | | | | |
| 1199999 Total - General Account Authorized | | | | | | | 822,924 | | | | | | |
| 3499999 Total - General Account - Authorized, Unauthorized and Certified | | | | | | | 822,924 | | | | | | |
| 6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) | | | | | | | 822,924 | | | | | | |
| 7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) | | | | | | | | | | | | | |
| 9999999 Total (Sum of 3499999 and 6899999) | | | | | | | 822,924 | | | | | | |

34 Schedule S - Part 4 NONE

35 Schedule S - Part 5 NONE

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

| | 1 2018 | 2 2017 | 3 2016 | 4 2015 | 5 2014 |
|--|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums | 823 | 1,484 | 1,855 | 2,567 | 592 |
| 2. Title XVIII-Medicare | | | | | |
| 3. Title XIX - Medicaid | | | | | |
| 4. Commissions and reinsurance expense allowance | | | | | |
| 5. TOTAL Hospital and Medical Expenses | | | | | |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | | | | |
| 7. Claims payable | | | | | |
| 8. Reinsurance recoverable on paid losses | 64 | 996 | 6,371 | 6,817 | |
| 9. Experience rating refunds due or unpaid | | | | | |
| 10. Commissions and reinsurance expense allowances due | | | | | |
| 11. Unauthorized reinsurance offset | | | | | |
| 12. Offset for reinsurance with Certified Reinsurers | | | | | |
| C. UNAUTHORIZED REINSURANCE | | | | | |
| (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F) | | | | | |
| 14. Letters of credit (L) | | | | | |
| 15. Trust agreements (T) | | | | | |
| 16. Other (O) | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS | | | | | |
| (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust | | | | | |
| 18. Funds deposited by and withheld from (F) | | | | | |
| 19. Letters of credit (L) | | | | | |
| 20. Trust agreements (T) | | | | | |
| 21. Other (O) | | | | | |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 62,381,138 | | 62,381,138 |
| 2. Accident and health premiums due and unpaid (Line 15) | 472,232 | | 472,232 |
| 3. Amounts recoverable from reinsurers (Line 16.1) | 63,542 | | 63,542 |
| 4. Net credit for ceded reinsurance | X X X | | |
| 5. All other admitted assets (Balance) | 11,891,132 | | 11,891,132 |
| 6. TOTAL Assets (Line 28) | 74,808,044 | | 74,808,044 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1) | 15,549,990 | | 15,549,990 |
| 8. Accrued medical incentive pool and bonus payments (Line 2) | | | |
| 9. Premiums received in advance (Line 8) | 20,554 | | 20,554 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | | | |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount) | | | |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount) | | | |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | | | |
| 14. All other liabilities (Balance) | 8,329,001 | | 8,329,001 |
| 15. TOTAL Liabilities (Line 24) | 23,899,545 | | 23,899,545 |
| 16. TOTAL Capital and Surplus (Line 33) | 50,908,495 | X X X | 50,908,495 |
| 17. TOTAL Liabilities, Capital and Surplus (Line 34) | 74,808,040 | | 74,808,040 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid | | | |
| 19. Accrued medical incentive pool | | | |
| 20. Premiums received in advance | | | |
| 21. Reinsurance recoverable on paid losses | | | |
| 22. Other ceded reinsurance recoverables | | | |
| 23. TOTAL Ceded Reinsurance Recoverables | | | |
| 24. Premiums receivable | | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | | | |
| 26. Unauthorized reinsurance | | | |
| 27. Reinsurance with Certified Reinsurers | | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers | | | |
| 29. Other ceded reinsurance payables/offsets | | | |
| 30. TOTAL Ceded Reinsurance Payables/Offsets | | | |
| 31. TOTAL Net Credit for Ceded Reinsurance | | | |

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

| Direct Business only | | | | | | |
|-----------------------------------|-------------------------------------|--|---|--|--------------------------------|-------------|
| States, Etc. | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama (AL) | | | | | | |
| 2. Alaska (AK) | | | | | | |
| 3. Arizona (AZ) | | | | | | |
| 4. Arkansas (AR) | | | | | | |
| 5. California (CA) | | | | | | |
| 6. Colorado (CO) | | | | | | |
| 7. Connecticut (CT) | | | | | | |
| 8. Delaware (DE) | | | | | | |
| 9. District of Columbia (DC) | | | | | | |
| 10. Florida (FL) | | | | | | |
| 11. Georgia (GA) | | | | | | |
| 12. Hawaii (HI) | | | | | | |
| 13. Idaho (ID) | | | | | | |
| 14. Illinois (IL) | | | | | | |
| 15. Indiana (IN) | | | | | | |
| 16. Iowa (IA) | | | | | | |
| 17. Kansas (KS) | | | | | | |
| 18. Kentucky (KY) | | | | | | |
| 19. Louisiana (LA) | | | | | | |
| 20. Maine (ME) | | | | | | |
| 21. Maryland (MD) | | | | | | |
| 22. Massachusetts (MA) | | | | | | |
| 23. Michigan (MI) | | | | | | |
| 24. Minnesota (MN) | | | | | | |
| 25. Mississippi (MS) | | | | | | |
| 26. Missouri (MO) | | | | | | |
| 27. Montana (MT) | | | | | | |
| 28. Nebraska (NE) | | | | | | |
| 29. Nevada (NV) | | | | | | |
| 30. New Hampshire (NH) | | | | | | |
| 31. New Jersey (NJ) | | | | | | |
| 32. New Mexico (NM) | | | | | | |
| 33. New York (NY) | | | | | | |
| 34. North Carolina (NC) | | | | | | |
| 35. North Dakota (ND) | | | | | | |
| 36. Ohio (OH) | | | | | | |
| 37. Oklahoma (OK) | | | | | | |
| 38. Oregon (OR) | | | | | | |
| 39. Pennsylvania (PA) | | | | | | |
| 40. Rhode Island (RI) | | | | | | |
| 41. South Carolina (SC) | | | | | | |
| 42. South Dakota (SD) | | | | | | |
| 43. Tennessee (TN) | | | | | | |
| 44. Texas (TX) | | | | | | |
| 45. Utah (UT) | | | | | | |
| 46. Vermont (VT) | | | | | | |
| 47. Virginia (VA) | | | | | | |
| 48. Washington (WA) | | | | | | |
| 49. West Virginia (WV) | | | | | | |
| 50. Wisconsin (WI) | | | | | | |
| 51. Wyoming (WY) | | | | | | |
| 52. American Samoa (AS) | | | | | | |
| 53. Guam (GU) | | | | | | |
| 54. Puerto Rico (PR) | | | | | | |
| 55. U.S. Virgin Islands (VI) | | | | | | |
| 56. Northern Mariana Islands (MP) | | | | | | |
| 57. Canada (CAN) | | | | | | |
| 58. Aggregate other alien (OT) | | | | | | |
| 59. TOTALS | | | | | | |

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-----------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | FEDERAL RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity / Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies) / Person(s) | Is an SCA Filing Required? (Y/N) | * |
| 4807 | Catholic Health Initiatives | 70998 | 71-0386640 | | | | QualChoice Life and Health Insurance Company, Inc. | AR | RE | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 95448 | 71-0794605 | | | | QCA Health Plan, Inc. | AR | IA | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 12909 | 42-1720801 | | | | Soundpath Health, Inc. | WA | IA | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 15488 | 46-4368223 | | | | Heartland Plains Health | NE | IA | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 15499 | 46-4380824 | | | | Riverlink Health | OH | IA | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 15486 | 46-4828332 | | | | Riverlink Health of Kentucky, Inc. | KY | IA | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 15751 | 47-3433912 | | | | QualChoice Advantage, Inc. | AR | IA | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 27-4075520 | | | | QualChoice Holdings, Inc. | AR | UDP | QualChoice Health Plan Services | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 46-1224037 | | | | QualChoice Health Plan Services, Inc. | CO | UIP | QualChoice Health, Inc. | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 46-1222808 | | | | QualChoice Health, Inc. | CO | UIP | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 31-1378212 | | | | Consolidated Health Services, Inc. dba CHI Health At Home | OH | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 46-3867953 | | | | CHI Housing Initiatives, LLC | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 98-0203038 | | | | First Initiatives Insurance, Ltd. | CYM | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 98-0663022 | | | | Captive Management Initiatives, Ltd. | CYM | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 98-0559613 | | | | All Saints Insurance Company, SPC, Ltd. | CYM | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 84-1112049 | | | | Alternative Insurance Management Services, Inc. | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 46-2945938 | | | | Catholic Health Initiatives Physician Services, LLC | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 23-2487967 | | | | Franciscan Services, Inc. | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 20-1536108 | | | | Global Health Initiatives | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 20-2741651 | | | | CHI Kentucky, Inc. | KY | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 27-1050565 | | | | CHI Institute for Research and Innovation | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 45-2532084 | | | | CHI National Services | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 27-1966847 | | | | CHI Health Connect at Home - Fargo | ND | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 23-2342997 | | | | CHI St. Joseph Children's Health | PA | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 71-0897107 | | | | CHI St. Joseph's Children | NM | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 27-0930004 | | | | CHI National Foundation | CO | NIA | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |
| 4807 | Catholic Health Initiatives | 00000 | 47-0617373 | | | | Catholic Health Initiatives | CO | UIP | Catholic Health Initiatives | Ownership | 100.0 | Catholic Health Initiatives | N | |

41

| | |
|----------|-------------|
| Asterisk | Explanation |
| 0000001 | |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------------------|------------------|--|-----------------------|-----------------------|--|---|---|---|-------|--|------------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| .. 70998 .. | .. 71-0386640 .. | QUALCHOICE LIFE & HLTH INS CO INC ..... | ..... | ..... | ..... | ..... | ..... | ..... (13,269,176) | ..... | ..... | .. (13,269,176) | ..... |
| .. 0000 .. | .. 46-1224037 .. | QualChoice Health Plan Services ..... | ..... | ..... | ..... | ..... | ..... | ..... 13,269,176 | ..... | ..... | ..... 13,269,176 | ..... |
| 9999999 Control Totals ..... |  |  | ..... | ..... | ..... | ..... | ..... | ..... | X X X | ..... | ..... | ..... |

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

Medicare Part D Coverage Supplement



70998201836500000 2018 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner



70998201822400000 2018 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



70998201822500000 2018 Document Code: 225

Approval for Relief related to Require. for Audit Committees



70998201822600000 2018 Document Code: 226

LTC Supplemental Interrogatories



70998201830600000 2018 Document Code: 306

Health Life Supplement - April



70998201821100000 2018 Document Code: 211

LHA Guaranty Association Reconciliation



70998201829000000 2018 Document Code: 290

LHA Guaranty Association Adjustment Exhibit



70998201830000000 2018 Document Code: 300

OVERFLOW PAGE FOR WRITE-INS

**UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES**

| | Claim Adjustment Expenses | | 3 | 4 | 5 |
|--|--------------------------------------|--|---------------------------------------|------------------------|--------|
| | 1 Cost Containment Expenses | 2 Other Claim Adjustment Expenses | General Administrative Expenses | Investment Expenses | Total |
| 2504. LAE Expenses | | | 35,967 | | 35,967 |
| 2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) | | | 35,967 | | 35,967 |



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018

(To be filed by March 1)
FOR THE STATE OF ARKANSAS

NAIC Group Code: 4807
 Address (City, State and Zip Code): Little Rock, AR 72211
 Person Completing This Exhibit: Gregory Moore
 Title: CFO
 Telephone Number: (501)219-5156
 NAIC Company Code: 70998

Supp 12 Arkansas

| 1 Compliance with OBRA | 2 Policy Form Number | 3 Standardized Medicare Supplement Benefit Plan | 4 Medicare Select | 5 Plan Characteristics | 6 Date Approved | 7 Date Approval Withdrawn | 8 Date Last Amended | 9 Date Closed | 10 Policy Marketing Trade Name | Policies Issued Through 2015 | | | | Policies Issued in 2016, 2017, 2018 | | | | |
|---|-------------------------|--|----------------------|---------------------------|--------------------|------------------------------|------------------------|------------------|-----------------------------------|------------------------------|-----------------------|----------------------------------|-------------------------------|-------------------------------------|-----------------------|----------------------------------|-------------------------------|--|
| | | | | | | | | | | 11 Premiums Earned | 12 Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | 16 Incurred Claims | | 18 Number of Covered Lives | |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | | |
| Total Experience on Individual Policies | | | | | | | | | | | | | | | | | | |
| Yes | | F | No | 1,2,3,4,5 | 01/01/2011 | | | | MediQ65 | 1,765,864 | 298,548 | 16.9 | 746 | 802,245 | 1,703,159 | 212.3 | 345 | |
| Yes | | G | No | 1,2,3,4,5 | 01/01/2011 | | | | MediQ65 | 129,644 | 188,381 | 145.3 | 75 | 2,062,805 | 2,028,349 | 98.3 | 1,256 | |
| Yes | | N | No | 1,2,3,4,5 | 01/01/2011 | | | | MediQ65 | 42,865 | 9,981 | 23.3 | 30 | 136,297 | 240,608 | 176.5 | 105 | |
| Yes | | A | No | 1,2,3,4,5 | 01/01/2011 | | | | MediQ65 | 4,444 | 4,262 | 95.9 | 3 | 7,406 | (2,119) | (28.6) | 4 | |
| Yes | | K | No | 1,2,3,4,5 | 01/01/2016 | | | | MediQ65 | | | | | 140 | (93) | (66.4) | 1 | |
| Yes | | F | No | 1,2,3,4,5 | 01/01/2016 | | | | MediQ65 | | | | | 16,239 | 3,216 | 19.8 | 23 | |
| 0199999 Total Experience on Individual Policies | | | | | | | | | | 1,942,817 | 501,172 | 25.8 | 854 | 3,025,132 | 3,973,120 | 131.3 | 1,734 | |
| Total Experience on Group Policies | | | | | | | | | | | | | | | | | | |
| N/A | | | No | | | | | | | | | | | | | | | |
| N/A | | | No | | | | | | | | | | | | | | | |
| 0299999 Total Experience on Group Policies | | | | | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 12615 Chenal Parkway, Ste. 300, Little Rock AR 72211
 - Contact Person and Phone Number: Gregory Porter Moore (501)219-5156
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: 12615 Chenal Parkway, Ste. 300, Little Rock AR 72211
 - Contact Person and Phone Number: Gregory Porter Moore (501)219-5156
- Explain any policies identified above as policy type "O":

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| Schedule DB - Part C - Section 2 | SI13 |
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